

# **GDC Inspection Process for BDS Providers**

**2018/19 academic year only**



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## 1. Introduction

As part of its role as the regulatory body for dentists and dental care professionals (DCPs), the General Dental Council (GDC) has a statutory responsibility to promote high standards of education in all aspects of dentistry and, consequently, sets out requirements for all UK programmes that lead to registration as a dental professional. The GDC has responsibility for the quality assurance of education and training leading to registration to make sure that each programme meets the requirements that have been set. This is a statutory function and the purpose of this process is to fulfil the GDC's primary role to protect patients.

This document describes the processes that the GDC uses to quality assure education and training programmes that lead to registration in the UK as a dentist. It contains general information about the process as well as information that will be of particular use to programme providers.

The GDC's interest in programmes leading to registration as a dentist lies in determining whether a programme has reached the required level and that those who are awarded a qualification should be eligible to apply for registration. The GDC does not rank or grade programmes or dental schools.

In order to award qualifications which can lead to registration with the GDC as a dentist, the provider must first hold dental authority status. Dental authority status is a legal status granted to education providers by the Privy Council. Holding dental authority status allows students of the authority to practise dentistry under supervision whilst not registered without committing the offence of the illegal practice of dentistry. Also, graduates of dental authorities have qualifications which the GDC recognises as conferring a right to registration in the dentists register (provided, of course, that the other requirements of registration are met).

In terms of clinical practice, the GDC does not set target numbers for each of the clinical activities a student would be expected to undertake during the course of their training. It is expected that students carry out procedures as many times as necessary for the school to be satisfied of their competence; schools must also be able to demonstrate/evidence this to inspection panels.

The GDC's powers under the Dentists Act 1984 uses the term 'sufficiency' to describe the acceptable standard achieved by a programme of a dental authority that will allow graduates to apply for registration as dentists. 'Sufficiency' is granted to individual Bachelor of Dental Surgery (BDS/BChD) and Licence in Dental Surgery programmes where students are deemed to have received the requisite knowledge and skill for the efficient practice of dentistry. The term sufficient/sufficiency is set out in the Act, and the GDC are therefore not legally able to state a qualification is 'approved' or 'accredited'.

The GDC has published a set of **Standards for Education**. These standards are the regulatory tool that the GDC uses to ensure that a programme is fit for purpose. The three standards are central to the GDC's Quality Assurance (QA) processes and contain a total of 21 requirements. The standards cover the following areas:

1. Patient protection
2. Quality evaluation and review
3. Student assessment

Equality and diversity requirements are integrated across the standards.

The GDC will assess the demonstration of these standards at all stages of the QA process.

The *Standards for Education* require that providers only allow students to be awarded a qualification if they demonstrate a set of learning outcomes, which have been defined by the GDC in the document:

**Preparing for Practice (PfP): Dental Team Learning Outcomes for Registration (2015)**

These learning outcomes were designed with a focus on patient protection and future oral health need. *Preparing for Practice* contains learning outcomes for each of the seven professions that are registered with the GDC:

- Dentist;
- Dental Therapist;
- Dental Hygienist;
- Dental Nurse;
- Orthodontic Therapist;
- Clinical Dental Technician and
- Dental Technician.

## **2. Sufficiency for graduating cohort – senior registrant student sign-off**

Before students can qualify for an award, the senior registrant member of staff involved in the delivery/management of the programme (or awarding body, if it is different) is responsible for signing off each student as 'fit to practise at the level of a safe beginner'. This means that the student should be awarded the qualification. The GDC understands that each provider has a different approach, and each inspection panel will be briefed on the approach taken prior to the inspection.

Having a senior registrant sign off a student is an important part of the process in terms of fulfilling the GDC role of protecting patients. The responsible registrant must consider carefully, taking into account the evidence from the education and training process, whether each student is safe to practise. This registrant will also normally be the character reference on the student's application to register as a dentist with the GDC. If the student is signed off as safe to practise at the level of the safe beginner, without having fulfilled the necessary requirements, the registrant who signed off the student may be at risk of GDC fitness to practise proceedings.

### 3. Inspection Panel

GDC Education Associates (EA) undertake inspections of programmes that lead to registration with the GDC. EAs include GDC registrants and non-registrants. All EAs are appointed through an open and competitive recruitment exercise, are trained in the GDC QA process and receive on-going training throughout their appointment. EAs typically work in panels of four for a BDS/BChD award (three dentists from a variety of backgrounds including a General Practitioner). Inspection panels are always chaired by a non-registrant EA. Bespoke panels are drawn together by the QA team for the specific needs of the education provider being inspected, based on their experience and expertise. Inspection panels work alongside members of the GDC's QA team. EAs also undertake annual monitoring scrutiny, evaluations of new programme proposals and other work relevant to quality assurance, education and training developments.

Inspection panels will make a recommendation as to whether a dentistry programme is 'sufficient' for registration. These recommendations are made to the GDC Registrar, who has delegated powers from Council to make decisions on these matters.

Following the completion of the report, providers are sent a feedback form asking to provide comment on the inspection process and the panel. If the education provider would like to give feedback on a member of the panel or member of the QA team, they should contact the Head of Education Quality Assurance or the QA Operations Manager as soon as possible at [qualityassurance@gdc-uk.org](mailto:qualityassurance@gdc-uk.org).

## 4. Inspections

Prior to 2018, dental authorities offering established programmes which lead to registration as a dentist, were inspected on a periodic basis, normally once every five to six years. In 2017, we published our discussion document *Shifting the balance: a better, fairer system of dental regulation*. This consists of four main areas of proposals. The first is for dental regulation to move 'upstream', which will place a stronger emphasis on engaging with all registrants to improve patient protection, learning within the system, engaging more effectively with current and future dental professionals, and developing alternative approaches to continuing professional development.

Beginning in the 2018/9 academic year we will start to use a risk-based QA process. Going forward this will determine the frequency and type of inspection each provider will undergo.

We will inspect all BDS programmes in the 2018/9 academic year. The reasons why we chose to QA the BDS education providers under this process first are:

- The scope of practice for dentists and the numbers of students undertaking BDS/BChD programmes offer a greater potential risk in comparison to the other dental care professionals who register with the GDC.
- Most BDS/BChD programmes have not been inspected since the 2012-4 inspection round.

Further to the February-May 2018 consultation, no major concerns were raised about this approach.

The remit, scope and duration of each BDS/BChD inspection in the 2018/9 academic year are based on:

- Annual monitoring returns, including the providers' self-assessment against *the Standards for Education*
- Previous inspection reports and the progress made against actions
- Responses to actions from the GDC's annual review of education
- Complaints received (if any) about the programme/provider
- Analysis of fitness to practise cases against recent graduates<sup>1</sup> of a programme
- Responses from the Foundation/Vocational Trainee survey
- Issues identified at other programmes offered by the provider

This information has been assessed by the QA Team and a panel of EAs and, based on this assessment, the remit, scope and duration of the inspections has been agreed. Programmes will receive a 1, 1.5 or 2-day programme inspection; for some there will also be an inspection of the 'sign-up to finals' procedures/final assessment/exam board.

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<sup>1</sup> By recent graduate, we mean someone who has graduated the programme, within the last five years.

The QA team will be contacting each of the BDS providers in July, explaining the duration of the inspection and requesting dates for when the QA visit can take place. The QA officer leading the inspection will also be in touch explaining the scope of the inspection, which requirements we will focus on and the documentation required in advance.



## 5. Pre-inspection procedures and documents

The GDC QA Team will contact BDS/BChD providers in July 2018 indicating suitable dates for the programme inspection and where relevant, request dates of final assessments and examination board meetings. Programme inspections last from one to two days and, where applicable, examination inspections will depend on the duration of the final assessments. Examination inspections usually involve attendance at the examination board meeting.

Once inspection dates are agreed for both the programme and examination inspections (if applicable) the QA Team will approach the panel of EAs for their availability. The same panel will normally attend all elements of the inspection.

The demonstration of the achievement of the *Standards for Education* by providers is central to the GDC QA process. Therefore, the scrutiny of the education providers annual monitoring forms and other information noted above, provides the basis for the scope and remit of the inspection at each institution. In the past, we sent out a request for providers to supply information that demonstrates achievement of each requirement within the *Standards for Education*, in advance of an inspection. However, most of this will have already been covered by the information supplied through the annual monitoring and self-assessment therein. Between August and September 2018, the QA team will send out:

- A request for additional information to support the self-assessment statement, related to those aspects of the programme that are a focus of the inspection, further to the scrutiny of the annual monitoring returns.
- Learning outcomes mapping table: This table should demonstrate where and how students are assessed against the relevant learning outcomes.
- This guidance (which has been revised further to feedback from the education provider workshop in early July 2018).
- *Standards for Education*.

Providers are requested to send back the additional information and learning outcome mapping within 10 weeks. We will include a deadline on the email we send out.

Further to the above, we may require additional information and will request this in advance of the inspections as needed. We aim to give you as much notice as possible.

The new process aims to make the submission of documentation less burdensome to the provider. However, the GDC expects that providers keep the necessary documentation and student information up-to-date, regardless of whether or not they are being inspected.

A draft timetable for completion will be sent to you later in autumn 2018.

## 6. The Programme Inspection

During inspections, the inspection panel meets with staff involved with the management and delivery of the programme and with students enrolled on it.

A full two-day inspection timetable will include the following:

- A private meeting of the EAs will take place before any meetings with the provider take place. This will enable them to look at any evidence not available prior to the inspection (e.g. confidential and sensitive information).
- The first meeting with the provider will usually be with the programme leads. This is an introductory meeting and allows the panel to ask some general questions and to explore whether there are issues that are not covered in the paperwork. The programme leads should use this opportunity to ask the panel questions about any aspect of the inspection they are unsure about and to raise issues at the outset of the process.
- The core inspection meetings should be separated into individual Standards from the *Standards for Education*, where the inspection is looking at a number of requirements that run across the standards. In this situation, the meeting in relation to Standard One will require all relevant personnel to be in attendance to discuss Patient Protection. For Standard Two, all key personnel involved in the programme's Quality Evaluation and Review will be needed. Finally, for Standard Three, all staff with responsibilities in Student Assessment should attend. Despite their numbering, there is no fixed rule regarding the order in which these meetings should appear in the timetable. For inspections that are focused on particular requirements, the QA officer leading the inspection will contact the provider to discuss the timetable and agree a suitable agenda.
- Where practical, meetings should be limited to 8 or fewer attendees. The panel will want to hear from everyone during the meetings. The panel reserves the right to request meetings with staff without senior managers or programme leads in attendance.
- The inspection timetable should allow for an early opportunity to meet with final year students, followed by meetings with students from all earlier years through the course of the visit. The QA team will advise on the number and selection process of the students. This would normally be done by the QA officer requesting a list of students by candidate number so that the panel can choose a random selection of students to attend the meeting(s). Panels normally meet a maximum of 15-16 students per meeting. For shorter inspections, students from different year groups may be asked to attend the same meeting.
- In addition to the staff directly involved with the delivery and assessment of the programme, the EAs may also need to speak to any staff involved in QA and curriculum development and those working away from the central site, including outreach tutors. Videoconference or teleconference may be used if travel to the main school site is not practical for the inspection.
- Where relevant, there will be time allocated in the timetable for the panel to spend some time looking at the evidence provided in the meeting room.

- The inspection panel will review their findings throughout the inspection. On occasion the timetable may need to be revised at short notice if additional meetings or an opportunity for EAs to discuss findings in private is required.

Meetings with senior university/NHS personnel (e.g. vice-chancellors/principals, faculty deans, chief executives) or administrative staff (e.g. finance officers, library/IT staff) will not typically be scheduled. However, there may be occasions where it would be helpful for the inspection panel to meet with senior individuals or those responsible for specific issues and so these might be included. Visits to outreach facilities will also not usually be conducted, unless there is evidence to suggest it is necessary to do so.

For shorter inspections that are focused on a limited number of requirements, we will not need to see all the areas noted above. In our correspondence with education providers over summer we will make it clear what the scope and remit of the inspection to your specific education provider is and when developing the timetable, we will make it clear what groups/individuals we would like to see.

Regardless of the length of inspection, there will be specific topics which we will look at across all providers, and these will be specified in emails to the providers.

At the programme inspection, the inspection panel will make a provisional judgement as to whether requirements have been met, partly met, or not met.

In order to find that an individual requirement has been **met** the inspection panel must agree that:

“There is sufficient appropriate evidence derived from the inspection process. This evidence provides the inspectors with broad confidence that the provider demonstrates the requirement. Information gathered through meetings with staff and students is supportive of documentary evidence and the evidence is robust, consistent and not contradictory. There may be minor deficiencies in the evidence supplied but these are likely to be inconsequential.”

The inspection panel will agree that an individual requirement has been **partly met** if:

“Evidence derived from the inspection process is either incomplete or lacks detail and, as such, fails to convince the inspection panel that the provider fully demonstrates the requirement. Information gathered through meetings with staff and students may not fully support the evidence submitted or there may be contradictory information in the evidence provided. There is, however, some evidence of compliance and it is likely that either (a) the appropriate evidence can be supplied in a short time frame, or, (b) any deficiencies identified can be addressed and evidenced in the annual monitoring process.”

The inspection panel will agree that an individual requirement is **not met** if:

“The provider cannot provide evidence to demonstrate a requirement or the evidence provided is not convincing. The information gathered at the inspection through meetings with staff and students does not support the evidence provided or the evidence is inconsistent and/or incompatible with other findings. The deficiencies identified are such as to give rise to serious concern and will require an immediate action plan from the provider. The consequences of not meeting a requirement in terms of the overall sufficiency of a

programme will depend upon the compliance of the provider across the range of requirements and the possible implications for public protection.”

The inspection will end with an extended private meeting of the inspection panel.

Should the inspection panel agree that there are urgent issues that need to be addressed immediately, we will inform you of this at the end of the inspection and follow this up with written feedback within a week of the inspection. At this stage, the panel may also make an urgent recommendation to the GDC registrar regarding the sufficiency of the programme for registration.

## **7. The Assessment/Examination Inspection – this will not be relevant for all education providers in 2018/19**

This is undertaken at the point in the programme where key assessments are completed, and the judgement is made as to whether students have achieved the learning outcomes to qualify and seek to register with the GDC. The QA Officer will advise you whether some of the panel will attend any 'sign-up' meeting that determines whether students should be permitted to sit the final assessments.

During the exam inspection, the panel will observe assessments such as:

- Case Presentations;
- Objective Structured Clinical Exams (OSCEs);
- Unseen case exams;
- Clinical Scenario Papers and
- Integrated Structured Clinical Exams (ISCEs)

It is understood that it is often impractical for the entire panel to attend individual assessments. Therefore, to avoid overcrowding and any potential negative impact on students, the EAs, where necessary, will take it in turns to observe parts of the assessments.

The inspection panel will not normally attend written paper sittings, but the provider should make the question papers and completed answer scripts available to the inspection team. Meetings with staff or with students do not normally take place at this point, but the panel will meet with external examiners and the programme leads.

In the panel's' meeting room, the inspection team will audit records of the clinical work that has been completed. The panel will also review student logbooks and grades, written papers and model answers, and work contributing to final marks (including exam scripts and projects). The panel will attend relevant meetings where student performance is discussed.

## **8. Assessment/Exam Meeting – this will not be relevant for all education providers**

Representatives of the inspection panel will normally attend the final assessment/exam meeting (the forum for the verification of the final pass list) as observers. Attendance is to ensure that due process has been followed and that there are no irregularities in the establishment of the pass list.

There is usually no input from the EAs at this meeting, unless the panel have serious concerns which must be raised as they consider that the graduating cohort of students are not sufficiently trained or assessed to be classed as 'safe beginners'. On occasion, issues arising from this meeting will be included in the inspection report.

## 9. Inspection Reports and Registrar's Decision

Final reports will contain a recommendation to the GDC from the inspection panel regarding the sufficiency of a programme for registration of future graduating cohorts. The GDC registrar has delegated powers from the Council to make a decision taking into account the panel's recommendation.

GDC inspection reports are centred on the achievement of the *Standards for Education*. Reports will refer to the specific requirements which we addressed at the inspection. Reports highlight where there is insufficient, contradictory or inadequate evidence to demonstrate a requirement. Inputs such as IT and library facilities, funding or admissions will not be discussed in reports unless these relate directly to any failure to meet a requirement under the Standards.

## 10. Timescales

When the inspection dates have been set in early autumn 2018, the lead member from the QA team, will share a timetable outlining key milestones for the duration of the inspection and report writing process. It is intended that this will give a clearer indication of when schools can expect to receive draft reports and when they will need to respond with corrections and observations.

The draft report will be compiled by the inspection panel and will include the findings from the programme and, if relevant, the examination inspection. Should the panel agree that there are urgent issues that need to be addressed immediately, written feedback will be given to the provider within a week of the first inspection.

The draft report will normally be completed within six to eight weeks of the completion of the inspection, though competing operational commitments and EA availability may extend this timeframe. We will communicate with you as early as possible if we do not think we can achieve the original timetable and indicate when you will have a final version.



## 11. Factual Corrections and Observations

Once the inspection panel has completed their final draft, the report is sent to the provider asking for any factual corrections on the content to be provided within ten working days. The changes made here are purely factual and approval of these will be made by the EAs. Once approved, the provider will then be asked to provide any observations on the content of the factually corrected, final report within one month of receipt. The observations must address the content of the report and the actions required.

**Please note:** Providers will be given deadlines for when their factual corrections and observations are due. Extensions to either deadline require a formal request to the GDC QA Team. There is a maximum of one calendar month statutory period afforded to providers for their observations under the Dentists Act. Once this has elapsed, the GDC could take the decision to publish the report without observations being included.

## 12. Achievement of Requirements and Actions

Inspection reports contain commentary on the rationale for requirements being deemed met, partly met or not met and will commend good practice where this is identified. Reports also contain actions required of the provider. These actions focus on areas that impact upon the achievement of the *Standards for Education*, particularly where it has been determined that requirements have been partly met or not met.

Where an action is needed for a requirement to be met, the term 'must' is used within the inspection report to describe the obligation on the provider to undertake this action. For such actions a specific timescale will be stipulated by which the action must be completed, or when an update on progress must be provided to the GDC. In their observations on the content of the report, the provider should confirm the anticipated date by which these actions will be completed.

Where an action would improve how a requirement is met, the term 'should' is used and for these actions there will be no due date stipulated. Providers will be asked to report on the progress in addressing the required actions through the annual monitoring process. Serious concerns about a lack of progress may result in further inspections or other quality assurance activity.

### 13. Inspectors' Recommendation to the Registrar

Demonstration of the *Standards for Education* and underlying requirements is central to the inspection panel's recommendation regarding the sufficiency of a programme for registration. However, the recommendation will not be solely based on a provider meeting a specific number of requirements; it will be made with consideration of the programme as a whole. The recommendation will be made with particular regard to the safety of patients: either those treated by students on the programme or implications for future patients of those who pass the programme.

The inspection panel will recommend that a programme is either:

- A** 'Sufficient' for registration, with or without some actions required;
- B** 'Sufficient' for registration, for one cohort only, pending further actions and further quality assurance activity, including additional inspection(s) or programme re-submission; or
- C** Not 'sufficient' for registration

By recommending option A, that a programme is sufficient for registration, the inspection panel has agreed that those who successfully complete the programme are fit to practise and that the *Standards for Education* have been met or will be met subject to the addressing of a number of actions required. The inspection panel is assured that patient safety will not be compromised by the programme.

The inspection panel may recommend that a programme is sufficient for one cohort only (option B). This option is recommended if the inspection panel has reached the conclusion that, while the graduating cohort is deemed to have reached the level of safe beginner, future cohorts may not reach this standard and the provider is required to address a number of actions to provide further assurances.

The recommendation that a programme is not sufficient for registration (option C) will be made if the inspection panel has serious concerns related to patient safety and the programme/provider has not demonstrated a number of the *Standards for Education* and has been unable to respond effectively to concerns raised during the inspection process.

If the panel find serious issues leading to a B or C decision, they will set out clear actions required in order to bring about immediate improvements to allow the current cohort of students to graduate. The type of action required will depend upon the issues identified. Most commonly, these will be the need for remedial work or additional clinical activity.

## **14. Registrar's Decision**

The registrar may seek further information and advice from the provider or the EAs before making a decision about the sufficiency of a programme. Where serious concerns have arisen, the registrar may highlight that risks remain high and further inspections of a programme are required. If the inspection panel recommends that a programme is not sufficient for registration, the registrar will refer the decision to the Council of the GDC with a view to making a representation to the Privy Council.

Following consideration by the registrar, the provider and the inspection panel are notified of the sufficiency decision.

## **15. Publication of Report and Observations**

The inspection report and the provider's observations on the content of the report are published on the GDC website once a final decision has been made.

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